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## Patterson—Kelson—Dawson—Macleod

glands disappeared after six months. About two years ago the swelling re-appeared, but the condition improved under treatment. The glands began to enlarge again last summer. The patient has lately been under medical treatment.

On examination there is found to be a large, smooth, firm mass in the region of the left tonsil and there is a similar swelling involving the lingual tonsil. There are enlarged glands on both sides of the neck, and the pre-auricular gland on the left side is distinctly swollen. There is also enlargement of a small gland in the right axilla.

*Microscopic Diagnosis.*—Lymphogranuloma (so-called large-celled lymphosarcoma). Slide shown.

*Discussion.*—Sir JAMES DUNDAS-GRANT asked whether radium might be used in this case. Mr. PATTERSON (in reply) said that the growth had become somewhat generalized.

### Growth in Larynx.

By W. H. KELSON, M.D.

H. J., AGED 32, male. Noticed that he became hoarse intermittently soon after demobilization in 1920. Has never had to strain his voice.

*Larynx* shows general congestion. A roundish, pinkish, mobile swelling, about  $\frac{1}{4}$  of an inch in diameter, can be seen in the region of the anterior commissure attached to the right vocal cord. Tonsils enlarged, but no enlarged glands noticed. No history of syphilis. No tubercle bacilli found in sputa.

Mr. E. WATSON-WILLIAMS thought this might be a granuloma. He had seen five such cases, all in pensioners. When examined after removal, there was no fibrous structure, it was granulation tissue. This growth should be easily removable with the forceps.

### FURTHER REPORT OF CASES PREVIOUSLY SHOWN.

#### Sarcoma in Cricoid Region.

By G. W. DAWSON, F.R.C.S.I.

PATIENT, aged 58, female, married. (Shown at meeting held December, 1926.)

*History.*—Tightness of throat began last Christmas; later difficulty in breathing and laryngeal stridor. Has been treated for asthma. Wassermann negative. There is a smooth, round tumour covered by normal coloured mucous membrane, situated below the right vocal cord. Both vocal cords and arytenoids move well. Voice normal.

December, 1926: Urgent tracheotomy. Owing to slight bronchial trouble operation postponed to January 4, 1927. Laryngo-fissure. Round-celled sarcoma in cricoid region. Secondary hæmorrhage eight days later. Patient died January 15, 1927.

Mr. DAWSON said the general view, when this case was shown, had been that the growth was an enchondroma. It was a soft growth in the region of the cricoid. He had split the larynx, and it did not appear white, as it had done on laryngoscopic examination. He excised a piece, and the report was that the growth was round-celled sarcoma. The patient went on very well for eight days, then secondary hæmorrhage occurred, and was repeated, and on the following day he died.

#### Perforation of Hard Palate.

By A. L. MACLEOD, M.B.

MALE, aged 69. The patient has worn a tooth-plate for years. For five years liquids and soft foods get into the right nostril. There is a perforation of the hard palate which the exhibitor suggests is due to pressure atrophy. There is no sign of a neoplasm, but in view of the possibility of malignant trouble, he would be reporting himself every month.